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PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035  
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## REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/925,190
Filing Date	August 9, 2001
First Named Inventor	Hillel Glover
Group Art Unit	
Examiner Name	
Attorney Docket Number	G5072.0001/P001

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

### SIGNATURE of Applicant or Assignee of Record

Name	Hillel Glover
Signature	Hillel Glover M.P.
Date	2/27/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.

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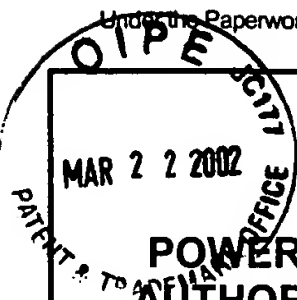


PTO/SB/81 (02-01)

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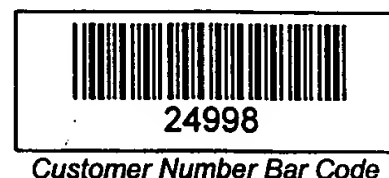


# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Applicati n Number	09/925,190
Filing Dat	August 9, 2001
First Named Inv ntor	Hillel Glover
Title	Treatment of Refractory Depression With An Opiate Antagonist and an Antidepressant
Group Art Unit	
Examiner Name	
Attorney Docket No.	G5072.0001/P001

I hereby appoint:

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Customer Number



☒ Practitioner(s) named below:

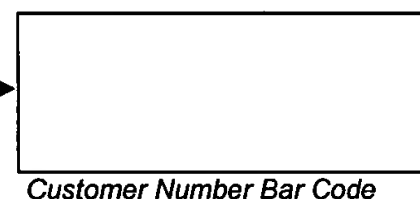
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Thomas J. D'Amico	28,371	Laurence E. Fisher	37,131
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James W. Brady, Jr.	32,115	John C. Luce	34,378
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name	Dr. Hillel Glover
Signature	<i>Hillel Glover M.D.</i>
Date	2/27/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

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